

CEDAR SPRINGS HEALTH REHAB CENTER

N27 W5707 LINCOLN BLVD

CEDARBURG 53012 Phone:(262) 376-7676

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 60

Total Licensed Bed Capacity (12/31/04): 60

Number of Residents on 12/31/04: 60

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? No

Average Daily Census: 57

Corporation

Skilled

Yes

Yes

No

57

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		81.7	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		13.3	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		5.0	
Day Services	No	Mental Illness (Org./Psy)	3.3	65 - 74	10.0			-----	
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	45.0			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.3	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.7	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	13.3		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	6.7	65 & Over	100.0	-----			
Transportation	No	Cerebrovascular	31.7		-----	RNs		14.0	
Referral Service	No	Diabetes	1.7	Gender	%	LPNs		10.2	
Other Services	Yes	Respiratory	3.3	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	40.0	Male	38.3	Aides, & Orderlies			
Mentally Ill	No	-----	-----	Female	61.7				
Provide Day Programming for			100.0	-----	-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	35	100.0	321	0	0.0	0	0	0.0	0	23	100.0	233	0	0.0	0	2	100.0	305	60	100.0	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	35	100.0		0	0.0		0	0.0		23	100.0		0	0.0		2	100.0		60	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	1.6	Bathing	0.0	73.3	26.7	60
Private Home/With Home Health	0.0	Dressing	3.3	81.7	15.0	60
Other Nursing Homes	1.8	Transferring	23.3	60.0	16.7	60
Acute Care Hospitals	95.9	Toilet Use	25.0	58.3	16.7	60
Psych. Hosp.-MR/DD Facilities	0.0	Eating	81.7	8.3	10.0	60
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.7					
Total Number of Admissions	444	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	8.3	Receiving Respiratory Care	6.7	
Private Home/No Home Health	59.4	Occ/Freq. Incontinent of Bladder	28.3	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	20.0	Receiving Suctioning	0.0	
Other Nursing Homes	6.8			Receiving Ostomy Care	0.0	
Acute Care Hospitals	11.5	Mobility		Receiving Tube Feeding	6.7	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.7	Receiving Mechanically Altered Diets	25.0	
Rehabilitation Hospitals	0.0					
Other Locations	12.2	Skin Care		Other Resident Characteristics		
Deaths	10.2	With Pressure Sores	6.7	Have Advance Directives	95.0	
Total Number of Discharges		With Rashes	1.7	Medications		
(Including Deaths)	443			Receiving Psychoactive Drugs	28.3	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.0	86.4	1.10	88.2	1.08	87.3	1.09	88.8	1.07
Current Residents from In-County	66.7	85.0	0.78	88.5	0.75	85.8	0.78	77.4	0.86
Admissions from In-County, Still Residing	7.4	18.1	0.41	21.6	0.34	20.1	0.37	19.4	0.38
Admissions/Average Daily Census	778.9	199.9	3.90	187.2	4.16	173.5	4.49	146.5	5.32
Discharges/Average Daily Census	777.2	201.1	3.86	182.1	4.27	174.4	4.46	148.0	5.25
Discharges To Private Residence/Average Daily Census	461.4	83.1	5.55	76.7	6.02	70.3	6.56	66.9	6.89
Residents Receiving Skilled Care	100	95.8	1.04	96.7	1.03	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	100	84.4	1.19	89.4	1.12	90.7	1.10	87.9	1.14
Title 19 (Medicaid) Funded Residents	0.0	61.2	0.00	48.4	0.00	56.7	0.00	66.1	0.00
Private Pay Funded Residents	38.3	13.7	2.79	31.2	1.23	23.3	1.65	20.6	1.86
Developmentally Disabled Residents	0.0	1.2	0.00	0.2	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	3.3	30.0	0.11	34.7	0.10	32.5	0.10	33.6	0.10
General Medical Service Residents	40.0	23.2	1.73	23.5	1.70	24.0	1.66	21.1	1.90
Impaired ADL (Mean)	45.7	52.9	0.86	50.4	0.91	51.7	0.88	49.4	0.92
Psychological Problems	28.3	51.7	0.55	58.0	0.49	56.2	0.50	57.7	0.49
Nursing Care Required (Mean)	5.8	8.4	0.69	7.3	0.80	7.7	0.76	7.4	0.78